

Sherpa Kids Swords, Portmarnock & Rush

Enrolment Form



Please complete and return a form for each child.

SCHOOL NAME:

SCHOOL YEAR:

CHILD INFORMATION:

Child's full Name:

Child's class:

Home address:

Date of birth:

Gender:

Child's first language:

Parent's first language:

Parent / Guardian Details:

Name:

Mobile number:

Phone number:

Email address:

Name:

Mobile number:

Phone number:

Email address:

Home address of Parent if different from above:

Who does the child live with?

Person(s) authorised to collect my child (other than the parents) *(must be aged over 18 years)*

NAME:

RELATIONSHIP TO CHILD:

PHONE NUMBER:

MOBILE NUMBER:

NAME:

RELATIONSHIP TO CHILD:

PHONE NUMBER:

MOBILE NUMBER:

Nominated emergency contacts (if different than above): *(Other than Parent/Guardian, must be aged over 18 years of age)*

NAME:

RELATIONSHIP TO CHILD:

PHONE NUMBER:

MOBILE NUMBER:

NAME:

RELATIONSHIP TO CHILD:

PHONE NUMBER:

MOBILE NUMBER:

N.B. We may not release your child to an unlisted person without prior written notification. If any person not listed and not known to the Sherpa Kids staff should attempt to collect your child from the service, permission will be refused.

Is this child involved in court orders, parenting plans or orders? (please circle) Yes No
Please provide current and any changes to court documents at all times to enable enforcement.
Please list below any other specific instructions or information you can provide that would be helpful and assist us in the care of your child.

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CHILD BOOKING INFORMATION

Session	Monday	Tuesday	Wednesday	Thursday	Friday	All
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breakfast (please insert exact times)						
After-School (please insert exact times)						

I will be using the service only on a casual basis ☐

*We offer a fully flexible service; please talk to us about your specific needs (eg: if you are working in shifts)

MEDICAL DETAILS & OTHER INFORMATION

Child's doctor:

Phone:

Does your child have any of the following?

- ☐ A.D.D. / A.D.H.D
- ☐ Allergies (see box below)
- ☐ Asthma
- ☐ Diabetes
- ☐ Physical needs
- ☐ Educational needs

- ☐ Epilepsy
- ☐ Haemophilia
- ☐ Heart problems
- ☐ Anaphylaxis
- ☐ Behavioural needs
- ☐ Any other special needs _____

Is your child on any medication? (Please complete a Medical Information & Authorisation Form)		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Has your child been immunised?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Does your child wear?	<input type="checkbox"/> Prescriptions Glasses <input type="checkbox"/> Hearing Aid			
Does your children have any of the following allergies? Please indicate severity				
Bee Sting	<input type="checkbox"/> High	<input type="checkbox"/> Moderate	<input type="checkbox"/> Low	<input type="checkbox"/> N/a
Medication or Action to be taken				
Food Allergy	<input type="checkbox"/> High	<input type="checkbox"/> High	<input type="checkbox"/> Low	<input type="checkbox"/> N/a
Names of food/s & action to be taken				
Allergy to Medication Please name Medication & action to be taken				<input type="checkbox"/> N/a
Other Allergies Please describe & action to be taken (inc plasters, latex, etc)				<input type="checkbox"/> N/a
Please provide information on any other dietary, cultural or religious considerations or special instructions regarding the health and well-being of your child (eg: excessive fears)				<input type="checkbox"/> N/a

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PARENTS CONSENTS

The following relate to Policies and Procedures in the Parents Handbook available online and onsite.

Please refer to these before you sign below:

Emergency Medical Care

I understand that every effort will be made to contact the named guardian or next of kin in the event of an emergency, requiring medical attention.

However, if none of these can be contacted I hereby authorise the service to transport my child to the doctor's surgery or to the appropriate hospital A/E department by ambulance or as is necessary and to secure the necessary medical treatment for my child.

Parent/Guardian's signature: _____ Date: _____

Emergency Medical Treatment

I give my permission for my child to be given appropriate emergency medical treatment in the case of an emergency

Parent/Guardian's signature: _____ Date: _____

Calpol/ Nurofen Administration

I give my permission for my child to be given Calpol or Nurofen in case of high fever/ severe pain. Sherpa Kids will always talk on the phone with the parents prior to administering the medicine and will only do so according to the dosage and instructions written on the package.

Parent/Guardian's signature: _____ Date: _____

First Aid

I authorise that staff trained in First Aid may administer First Aid to my child as appropriate.

Parent/Guardian's signature: _____ Date: _____

Trip/Outing/Walk Permission

I authorise that my child may be taken on outings/walks that may be planned outside the childcare service grounds on the understanding that the adult/child ratio as recommended by the Insurance Company will be adhered to at all times.

I understand that all necessary precautions will be taken to ensure my child's safety. A trained first aid person will be present on all outings.

Parent/Guardian's signature: _____ Date: _____

Permission to Change Clothes (e.g. if child is attending a class and requires changing before being dropped by the service)

I/we hereby give permission for clothes to be changed should the need arise.

Parent/Guardian's signature: _____ Date: _____

Photo and Video Permission

I give permission for to be photographed or video recorded. Photographs/Videos may be used for (please tick):

- (1) Child observations and feedback to parents. E.g. newsletters ☐
- (2) HSE inspection and service evaluation. e.g. HSE audits ☐
- (3) Displays and information. E.g. Internal displays in the room ☐
- (4) Website and Brochures ☐

Parent/Guardian's signature: _____ Date: _____

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Access to Animals/Insects

I give permission for my child to be in contact with or having supervised access to animals or pets. Care will be taken to ensure that the health, safety and welfare of the children is not put at risk.

Parent/Guardian's signature: _____ Date: _____

Sun Cream Permission

I give permission for the application of sun cream to my child as outlined in the service Sun Protection Policy.

Parent/Guardian's signature: _____ Date: _____

Movie watching Permission

I hereby give permission for my child to watch G & PG rated movies and games.

Parent/Guardian's signature: _____ Date: _____

School communication Permission

I authorise that my child's school has permission to release all personal information about my child to Sherpa Kids.

Parent/Guardian's signature: _____ Date: _____

Sherpa Kids Childcare Declaration

- ☐ I have read and understood the policies referred to above and in the Parent Handbook. I have read the terms and conditions that apply to payments when booking with Sherpa Kids.
- ☐ For a permanent booking, payment is required two weeks in advance. All payments must be made fortnightly or monthly via bank account/credit card or direct debit. The rate charged, is dependent on whether it is a 'permanent' booking or not. When a child attends extra days, which are outside of the confirmed permanent booking, these will be charged at the casual rate. Late fees are charged for late pickups, as specified in the Centre Policies and Procedures
- ☐ If I default in payment of any invoice when due, I shall indemnify Sherpa Kids from and against all costs and disbursements incurred by Sherpa Kids in pursuing the debt including legal costs on a solicitor and own client basis and Sherpa Kids' collection agency costs. •Without prejudice to any other remedies, if at any time I am in breach of any obligation (including those relating to payment) Sherpa Kids may suspend or terminate the enrolment and is absolved of its other obligations under the terms and conditions. Sherpa Kids will not be liable to me for any loss or damage that you may suffer because Sherpa Kids has exercised its rights under this clause.
- ☐ Sherpa Kids can collect, retain and use any information about me for the purpose of assessing credit worthiness or marketing products and services and disclose information, whether collected by Sherpa Kids from myself directly or obtained by Sherpa Kids from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference, debt collection or notifying a default by myself. I have the right to request from Sherpa Kids a copy of the information retained by Sherpa Kids and the right to request Sherpa Kids to correct any incorrect information about myself and my family held by Sherpa Kids
- ☐ I acknowledge that two weeks' notice, in writing, must be provided if a child is to be withdrawn from care or there is a significant change required to the days of care. Otherwise a two-week fee is payable based on the previous booking.
- ☐ I acknowledge all information I have provided on this form is true and correct. I am aware it is my responsibility to advise Sherpa Kids immediately of any change in the above information.

Parent/Guardian's signature: _____ Date: _____

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Office Use Only: Date Processed:

Staff Initial: _____

Return forms to: Sherpa Kids Swords, Portmarnock & Rush - 7 Thornleigh Park, Swords co. Dublin
OR at at the School Reception.
Contact us on 086 79 234 90
Email: sherpakidsspr@sherpakids.ie